मैंने दे दिया है। ऐसा कुछ नहीं है कि वहां कुछ नहीं है और बहुत कुछ करना बाकी है ।ऐसी कोई बात नहीं है। अगर कोई डेफिसिएन्सी है तो उसको दूर करने के लिए कदम उठाने चाहिए। जहां तक कंपलेंट का सवाल हैं, तो उसकी, व्यवस्था है। अगर वह कंपलेंट बुक नहीं दे रहे हैं तो आप तो मैंम्बर आफ पार्लियामेंट हैं ,आप लिख सकते हैं रेलवे के अधिकारियों को, हमको और उसमें जो आवश्यक कार्यवाही होगी वह हम करेंगे ।

Life Saving Drugs

*263. SHRI SURESH PACHOURI: Will the MINISTER OF CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether there is a proposal withdraw customs duty exemptions on life saving drugs;

(b) if so. the reasons therefor;

(c) whether Government have carried out a comprehensive study on the failure to pass on the benefit to the consumer by drug companies; and

(d) if so. the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI SATYA BRATA MOOKHERJEE) :(a) and (b) No decision has been taken to withdraw customs duty exemptions on life saving drugs.

(c) No. Sir.

(d) Does not arise in view of the reply to (c) above.

श्री सुरेश पचौरी: आदरणीय सभापति महोदय, वर्ष 1986 में जब ड्रग पालिसी बनी थी तो उसका एक ही उद्देश्य जो प्रमुख था, वह यह था कि रीजनेबल प्राइस पर असेन्सियल लाइफ सेविंग ड्रग्स उपलब्ध हो सकें और उनकी क्वालिटी काफी अच्छी हो। मैं आपके जरिए माननीय मंत्री जी से यह जानना चाहूंगा कि गत तीन वर्षों में लाइफ सेविंग ड्रग्स में कितनी वृद्धि हुई है और लाइफ सेविंग ड्रग्स की कस्टम ड्यूटी, एक्साइज ड्यूटी को कम करने के लिए सरकार की तरफ से कोई प्रयास किए गए हैं ? अगर प्रयास किए गए हैं , तो उनका विवरण क्या है ? क्योंकि हेल्थ एनालाइस्ट का विश्लेषण है कि हमारे देश में 25 प्रतिशत से भी कम ऐसे लोग हैं जो लाइफ सेविंग ड्रग्स खरीद सकते हैं। सभापति जी, एक तरफ तो ड्रग कंपनियों की आय बढ़ रही है, आंकड़े इस बात के सबूत है कि उनकी आय में लगभग 23 प्रतिशत की वृध्दि हुई है और दूसरी तरफ सरकार लाइफ सेविंग ड्रग्स की संख्या में कमी कर रही है क्योंकि पहले सरकार ने 297 लाइफ सेविंग ड्रग्स को आइडेंटिफाई किया था, अब इनकी संख्या 240 कर दी है, तो क्या सरकार इस बात की पुष्टि करेगी कि लाइफ सेविंग ड्रग्स की संख्या को रिड्यूस किया गया है?यदि किया गया है तो उसका क्या कारण है और विवरण क्या है?

SHRI SATYA BRATA MOOKHERJEE : Sir. this process was started as far back as in 1971. when the number of drugs, which were exempted, was 29. Then, gradually, by this year, this number has gone up to 253. Sir, most of these drugs are imported, and the difficulty is that these are patented medicines, which are not produced in the country. There are technological problems; there are raw material problems: and then, these are mostly new inventions and new drugs. Sir. about 95 per cent of our demand is met indigenously. So. so far as the exemption is concerned, it is confined to a very small number of drugs, and these are not produced in the country. Sir. the whole idea is to give the benefit to the consumers, the patients. But. unfortunately, it has been found in one or two cases that the benefit does not go to the consumers. However, the Government is conscious of this fact, and it is endeavouring to make these available to the consumers at a price, which is minus the customs duty imposed on these drugs. Sir. so far as the indigenous production is concerned, a very large number of drugs are produced in the country. These are known as essential drugs. And these are manufactured indigenously and these are available at affordable prices to the public.

श्री सुरेश पचौरीः सभापति महोदय, मैंने आपके माध्यम से जो प्रश्न पूछा था ,वह यह था कि जो 257 लाईफ सेविंग ड्रग्ज आइडेंटिफई की गई थीं, वे घटकर 240 रह गई हैं, क्या वे वास्तव में कम हो गई हैं और यदि कम हो गई हैं तो उसका क्या कारण है? दूसरी बात मैंने यह पूछी थी कि गत 3 वर्षों में लाईफ सेविंग ड्रग्ज पर जो एक्साईज और कस्टम ड्यूटी लगती है, क्या उसे कम करने की कोशिश सरकार की तरफ से हुई है, यदि हुई है तो उसका क्या विवरण है? महोदय, मेरे इन सवालों का कोई उत्तर नहीं आया है। इससे पहले कि मैं आपके माध्यम से यह अपेक्षा मंत्री जी से करुं कि वे सही उत्तर दें, मैं यह कहना चाहूंगा कि जब से ट्रिप्स पास हुआ है ,तब से ड्रग्ज प्राइसेज ,खास तौर पर लाईफ सेविंग ड्रग्ज की प्राइसेज बढी हैं। तो दवा नीति का आधार WTO न होकर WHO हो और साथ ही ऐसी लाईफ सेविंग ड्रग्ज जो हिंदुस्तान की कंपनियां निर्मित करती हैं,वे पहले हिंदुस्तान की जरुरत को पूरा करें, बाद में वे एक्सपोर्ट करें खास तौर से जो HIV और दूसरी बीमारियों से संबंधित ड्रग्ज हैं, मैं जानना चाहूंगा कि इस बात को सुनिश्चित करने के लिए सरकार की तरफ से क्या कोशिश की जा रही है? मेरा पहला प्रश्न ,मैं प्रार्थना करुंगा कि आप उसका सही उत्तर दें।

SHRI SATYA BRATA MOOKHERJEE : Sir. there is no statutory definition of a life saving drug. There is a Standing Committee set up by the Ministry of Health. They go into it and decide, item-wise, which are the ones to

be considered as life saving drugs and. accordingly, if these are imported, then the question of exemption is considered. So far as the indigenous production is concerned, as I said, these are essential drugs manufactured in India—there is a large list of these drugs which are mentioned here—and. therefore, there is no question of any customs dun on these drugs. But. so far as the imported drugs arc concerned, there is a Standing Committee set up by the Ministry of Health; they monitor the question and find out which are the drugs to be considered as life saving drugs. Accordingly, the question of exemption from customs duty arises.

So far as the other question is concerned. I humbly submit that the Government is conscious -of this fact and. in fact, as I said, these are not manufactured in the country. These are patented medicines, mostly, and manufactured in very small quantities, which are imported into the country and there only, the question of exemption from customs duty arises. So far as the local drugs are concerned, there is excise duty, and it has to be paid by the indigenous manufacturers

श्री संजय निरुपमः सभापति जी, जीवन रक्षा की जो महत्वपूर्ण दवाएं हैं उनमें से ज्यादातर दवाएं आज हम इंपोर्ट कर रहे हैं और यह प्रश्न उन दवाओं के ऊपर जो कस्टम ड्यूटी लगती है, उसे हटाने से संबंधित है। अगर हम यह प्रश्न पूछें और ऐसी मांग करें कि ड्यूटी हटानी चीहिए जो यह संदेश जाएगा कि हम कहीं न कहीं ड्रग इंडस्ट्री को फायदा पहुंचाने के लिये अपनी तरफ से प्रयास कर रहे हैं लेकिन अंततः इससे फायदा कंज्यूमर को होगा, उपभोक्ता का होगा। आज बाहर से हमारे यहां जो दवाएं आ रही हैं, जो जीवन रक्षा के लिए बहुत ही महत्वपूर्ण हैं, उनकी कीमत विदेशी दवाओं की तुलना में 30-40 प्रतिशत अधिक है। उन दवाओं पर से अगर कस्टम ड्यूटी कम की जाती है तो उनकी कीमत यहां 30-40 प्रतिशत कम हो जाएगी इससे निश्चित तौर पर जो कैंसर आदि बीमारियों से पीड़ित मरीज हैं, उनके लिए सस्ती दवाएं उपलब्ध हो जाएगी। इसलिए मेरी भी ऐसी मांग है कि कस्टम ड्यूटी हटाने के संदर्भ में विचार किया जाना चाहिए । मेरा प्रश्न है कि सचमुच इन इंपोर्टेड दवाओं से सरकार के राजस्व को कितना फायदा है? आखिरकार कस्टम ड्युटी के जरिए हमारे पास कुल कितने पैसे आते हैं और अगर हम ड्यूटी हटाते हैं तो हमें कितना नुक्सान होगा? दूसरी बात मैं यह जानना चाहता हूं कि सरकार ने क्या कोई ऐसा अध्ययन किया है कि अगर इन दवाओं से कस्टम ड्यूटी हटा दी जाए तो ये यते कितनी सस्ती हो सकती हैं, इनका भाव कितना कम हो सकता है?

SHRI SATYA BRATA MOOKHERJEE : Sir. the hon. Member is quite right. The question is whether there is a proposal to withdraw the customs duty;

I he answer is there is no proposal". In fact, we had made a suggestion to the Finance Ministry that so far as exemption from customs duty is concerned, it should be considered in the light of the fact that the benefit ultimately goes to the patients who arc really concerned with the medicines. Now. we insisted, wc suggested, that onc condition should be imposed thai they must give an undertaking that when the drugs arc imported, they will fix the price which is minus the customs duty. Otherwise, the consumers don't get the benefit. But. as you know, there is no proposal cither to withdraw the exemptions or to impose am further duties. And so far as the indigenous production is concerned, as 1 ha\ c-submittcd. indigenous medicines arc there, the essential dnigs arc being manufactured indigenously: and there is no question of their import.

And the quantum of general customs duties, which is about 35 per cent, and other duties together, it comes to about 63 per cent. So. this is the imposition of duties on imported medicines. Sir. when the duty is exempted, it comes to about 63 per cent less than the price at which it is sold.

SHRIMATI SHABANA AZMI: Sir. it is a matter of deep regret that in a country like India where wc should have been enhancing the budget for health as an engine of dcvclomcnl. wc have really gone in for reducing the budget. It is imperative that the Government must give incentives to the pharmaceutical industry for life saving drugs, particularly in the case of illnesses like AIDS v\ here, according to the oficial estimate, we have 3.8 million HIV-positive people already. As it is. the domestic industry has been paying 14% higher excise duties on life saving drugs as compared with the multi-national companies. Of course, the Government must have a system of checks and balances by which they make sure that, in fact, the benefit is passed on to the consumer, but with situations life AIDS, and its alarming increase in this country, would the Government reconsider its decision? This is the question 1 would like to put. through you. Sir. to the hon. Minister.

SHRI SATYA BRATA MOOKHERJEE : Sir. as I said, the country itself produces a very large number of essential drugs. Now. so far as AIDS is concerned, the question is. when a life saving drug is imported, whether duty exemption is granted. But that is not the matter. The question is whether the benefits really go to the patient. That is why, wc are trying to find out ways and means by which the price at which it is sold should be such as to give the benefits of the exemption which is being granted by the Government, to the patient. Sir. last year, two cases came up where we found that the benefit did not

go to the ultimate patient. And this was brought to the notice of the Health Ministry. First of all. they monitor and find out which are the drugs which should be declared to be life saving drugs, and. therefore, the question arises with regard to exemption from the customs duty only when it is imported. The Government is now endeavouring to see that this benefit ultimately goes to the patients who are really concerned with the drugs which are imported. ...*{Interruptions)*... Sir. it is a difficult question to answer. .*{Interruptions)*...

SHRIMATI SHABANA AZMI: Why is the Government taking so long to make up its mind about something like health, which should be a priority? Health must be a priority when you are talking about development.

SHRI SATYABRATA MOOKHERJEE : We will certainly bear this in mind and give the utmost consideration so that it can be done as quickly as possible.

DR. KARAN SINGH : Mr. Chairman. Sir. the whole question of the availability of drugs has a direct impact on the health status of this country. I am surprised to hear the Minister's remark that they are still making attempts to find out how the advantage of the customs duty exemption can be passed on to the consumer. A quarter of a century ago. when I was Health Minister, we were undertaking that exercise at that time. Am I to understand that in 25 years, there have been only two cases where it is not passed on? The fact of the matter is that these exemptions are not regularly passed on to the people. The whole point of the exemption is to give relief to the patients. So. part (a) of my question is : Why is it taking so long for the Government to ensure that the customs duty exemption that they give on life saving drugs is passed on to the patient? Otherwise, there is no justification for giving the exemption. It has to be passed on. Number two. what steps are we taking so that the excellent pharmaceutical industry that we have in this **country** is able to produce the life saving derugs in India itself? In Fact, we have a vast market in Africa and Asia where our drugs can go. Sir. I would like to have a much more positive response from the Minister.

SHRI SATYA BRATA MOOKHERJEE : Sir. the concern expressed by the hon. Member is certainly laudable. There are various difficulties in monitoring the fixation of the price. Suppose they land at a cost of Rs. 100 and the customs duty is Rs. 150. If the customs duty is exempted, then the normal price should be Rs. 100/-. But in selling the product, they are free to increase the price by showing it under other expenses and debts. They are entitled to charge a little more.

There is a difficulty in finding out what is the actual cost of production. But that is not under the control of the Government. So for as the imported medicines are concerned, we are not in a position to find out what is the actual cost of production. They have a leeway there, to fix their own prices. But we are endeavouring to see that the benefit of the customs duty exemption percolates to the ultimate consumer, that is. the patients.

The hon. Member is right that it has taken so many years. We are trying our best to see what can be done, at the earliest possible.

PROF. (SHRIMATI) BHARATI RAY : Mr. Chairman. Sir. it is a very serious issue. So. I would like to know what steps the Government of India is taking to see that the TRIPS Agreement does not undermine the right of the WTO members to formulate their own health policy and adopt measures for providing medicines to the people at affordable prices.

My hon. friend Shrimati Shabana Azmi has mentioned about AIDS. Cheap medicines for AIDS arc being manufactured in India and outside. In Brazil also, they are manufacturing it indigenously. But they are incurring losses. I would like to know from the Minister whether the Government is taking any steps to make available indigenously-produced AIDS medicine to the affected people.

Part (b) of my question is. the drug manufacturers are waging a war against the poor. The logic of letting the market forces to determine the prices of drugs cannot work here. Will the Government make an attempt to fix the prices of essential drugs so that these can be made available to the poor people ? 1 want to recommend to the Government to look into this aspect.

SHRI SATYA BRATA MOOKHERJE : Sir. I want to make one thing clear here, that the drugs which are imported arc small in number, compared to the drugs which are manufactured in the country.

Coming specifically to the question of AIDS, in fact we are manufacturing the drug for this disease. We are also importing it. This medicine is being sold in the market at a price 40 times lower than the price charged by the multinational companies. So. there should be no concern on that aspect. We are certainly trying to increase the production. So far as the indigenous manufacturers are concerned, they are manufacturing these essential drugs. There is a long list of such drugs being produced by them. They are divided into 27 particular headings.

If 1 mav say so. with all respect to the hon. Member, her concerned is not well-placed. We are certainly conscious of this fact. We are trying to take all possible steps.

There is the NPPA which goes into the fixation of drugs prices. It is entirely an autonomous body.

SHRI MANOJ BHATTACHARYA : Mr. Chairman. Sir. I would like to put some questions, through you. to the hon. Minister. Even though the NPPA is in existence, unfortunately, the prices of medicines of different therapeutic segments have gone up steeply in the last three or four years, including the price of the medicine for the treatment of AIDS, which my colleague. Shrimati Shabana Azmi has raised. The problem is that the concept of essential drugs is peculiarly changing and the Government does not have any control in determining it. I have also raised this issue in this House sometime back. The list of essential drugs which the Government has determined is not known to the specialist doctors. In fact, many doctors don't know that a list of essential drugs exists. Another question is that some new drugs, particularly, antibiotics, which are. of course, life saving drugs, that are coming into the market are not covered by the essential drugs list. The doctors have to prescribe them, but the Government does not have much control over the prices of those drugs. I have raised, through a Special Mention, the issue of rise in the price of insulin, where I had mentioned, particularly, that the DNA recognising theory or the DNA recognising process is known to us. Our Indian industry can manufacture insulin in the country. But insulin is not being manufactured in India, for some reason or the other.

MR. CHAIRMAN : You put your question.

SHRI MANOJ BHATTACHARYA : I am putting the question. The price of insulin is going up. It is a very essential drug. What steps the Government is taking to arrest the rise in the prices of all these medicines? Since this is a very sensitive issue. I propose, and I request you. that there should be a Short Duration Discussion on this issue, where we can really take up the matter in right earnest.

SHRI SATYA BRATA MOOKHERJEE : Sir. the question, whether a particular drug is a life-saving drug or not. as I said earlier, is determined by a Committee of Experts. This Standing Committee has been constituted by the Ministry of Health and Family Welfare. It is headed by the Additional Drector-

General of Health Services. There are doctors on that Committee who really determine which drug is to be considered a life-saving drug.

So far as the NPPA is concerned, the NPPA fixes the prices of scheduled drugs and their formulations: and not in general. So, their role is limited to the fixation of prices of scheduled drugs and formulations.

So far as insulin is concerned. it is being manufactured in India, and the price is also fixed. *{Interruptions*)...

SHRI MANOJ BHATTACHARYA : The price of insulin is going up. *{Interruptions)...*

SHRI SATYA BRATA MOOKHERJEE: The price of every commodity has gone up. It is not that only the medicine prices have gone up. *{Interruptions)...*

SHRI MANOJ BHATTACHARYA : Particularly, in the case of insulin it has gone up. *{Interruptions)* .....

SHRI SATYA BRATA MOOKHERJEE: I can tell the hon. Member that the prices of medicines in India are far cheaper than what it is in the western countries. That is why we are exporting medicines.

SHRI MANOJ BHATTACHARYA : Sir. this is a misnomer. The prices of medicines must be commensurate with the average earning of an Indian. The average earning of an American cannot be compared with the average earning of an Indian. So. how can you say that ? Why is this consolation ? Whom are you trying to console ? I don't understand. The situation is altogether different. In India, not more than 20 per cent of the people can purchase medicines. Eighty per cent of the people are out of the ambit of modern medicines. How do you console yourself ? How are you saying all this ? I don't understand. I, again, appeal to you. Sir. that there should be a Short Duration Discussion on this issue. This is a very sensitive issue.

MR. CHAIRMAN : You give notice.

SHRI MANOJ BHATTACHARYA : I will give you notice. Sir.

SHRI SATYA BRATA MOOKHERJEE : Sir may I just correct myself? I made a mistake in saying that insulin is being manufactured in India. That is not correct. I made a mistake.